



Continuing Education for  
New Jersey Licensed  
Health Officials

**SAMPLE**

**Letter of Attendance**

**New Jersey Department of Health and Senior Services  
Office of Local Health - Education, Training & Licensure Program**

An original of this document, or a similar record, must be provided by the course sponsor to the licensee who is seeking contact hours upon successful completion of the continuing education course. Students should maintain this record as proof of attendance. This course sponsor is not required to return completed forms or copies to the Department of Health and Senior Services.

**LETTERHEAD OF COURSE SPONSOR**

Sponsor Name  
Sponsor Address  
Date

To Course Attendee:

Records maintain by this office indicate that the participant named below attended the continuing education course numbered/entitled: (CE or LE / \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_, 19 \_\_\_\_.

This course (seminar/program) is approved by the Public Health Council for the following continuing education contact hours toward the renewal of a New Jersey health officers license and a New Jersey registered environmental health specialist license: CE (#) \_\_\_\_ LE (#) \_\_\_\_ Total (#) \_\_\_\_.

Participants please complete the following statement.

I have attended the above course and will provide copies of this report of contact hours to any part having an interest in my record of continuing education.

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Participant Signature

Signed  
Course Provider



New Jersey Department of Health and Senior Services  
Office of Local Health • Education, Training & Licensure Program  
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